



47320

Specialists in the Transportation and Disposal of Hazardous Waste

February 11, 1988

Mr. Roger Boyd
Borg-Warner Co.
1200 Windsor Rd.
Yorkford, IL 61111

Dear Mr. Boyd:

Enclosed are two permitting forms for disposing of the wastes generated from the U.S.T. cleaning operation at your Harrison Ave. plant.

The Request for Disposal form is for landfilling the Clean Up Waste at LWD, Inc., in Calvert City, Kentucky. Please review the information on the form, make any necessary additions or corrections, and sign item #22 on page two.

The Request for Treatment Survey is for permitting the Oil Sludge for incineration at LWD, Inc.. Please review the information on the survey, make any necessary additions or corrections, and sign it on the back side.

LWD, Inc. requires that all pertinent Material Safety Data Sheets accompany the permit forms as part of their approval process.

Please return both LWD forms, as well as all pertinent MSDS's, to my attention at FIW.

If you have any questions, please feel free to call.

Sincerely,

A handwritten signature in cursive script that reads "Douglas Dirksen".

Douglas Dirksen
Environmental Technician

Enclosures(2)

*Please attach Lab results below
I sign the form mentioned form.
R. Boyd*

PC# _____
 QC# _____

LWD, INC.
 Off Highway 1523, P.O. Box 327
 Calvert City, Kentucky 42029
 Telephone (502) 395-8313

EPA Transporter
 & TSDF I.D. #:
 KYD 088 438 817

REQUEST FOR TREATMENT SURVEY

1. Generator name Borg Warner Automotive, Inc.		2. U.S. EPA I.D. # ILD001795699	
3. Generating facility address & telephone # 2020 Harrison Ave., Rockford, IL 61108 (815) 633-7460			
4. Waste stream common name Oil Sludge		5. EPA hazardous waste number(s) Non-Hazardous	
6. Anticipated volume and frequency 2		gals/drum <u>per one time</u> month week quarter year	
7. Proposed packaging: Drums (size 55 gal, type 17-H) bulk liquid other			
8. Administrative contact Robert Murray, FIW, Inc.		9. Technical contact Roger Boyd	
10. Physical state @ 70°F solid <u>liquid</u> semi-solid layering: liquid 70 % solid 30 %		11. Viscosity: low <u>medium</u> high Comment	
12. Process Generating Waste UST Removal/cleaning operation		13. Heat content (Btu/lb)	
14. Ash (wt. %) @ 900°C		15. Chlorine/sulfur content (total wt. %)	
16. Metal content Total or EP toxicity (Specify ppm or wt. %)		17. pH N/A	
As <0.01 Cr 0.029 Se <0.01 Cu _____ Ba 0.07 Pb 0.07 Ag <0.001 Zn _____ Cd 0.006 Hg <0.001 Fe _____ Al _____			
18. Flashpoint >200 °F		19. Density 9.5 <u>lbs/gal</u> lbs/cu ft	
20. Organic/inorganic content (wt. %) 90%/10%			
21. Other toxic compounds (specify ppm or wt. %)			
22. DOT shipping name Non-Hazardous Waste Liquid			
23. DOT hazard class N/A		24. DOT I.D. # UN/NA N/A	
25. Waste is: water reactive shock sensitive explosive pyrophoric etiological carcinogenic PCB ≥ 50ppm pesticide herbicide radioactive radioactive <u>None of the above</u> <u>Other</u>			
26. Comments (Also indicate other hazards which LWD, Inc., should be aware of to properly handle and/or assure personnel protection and safety). sample submitted			
27. Firm or agency performing chemical analysis (attach certified analysis accounting for all compounds and analytical technique):			

REPRESENTATIVE SAMPLE CERTIFICATION

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DIRECTIONS:

Before LWD, Inc., can determine if your waste material is acceptable for treatment or disposal, you must obtain a representative sample of the waste material. This sample must be collected in accordance with methods contained in EPA Publication SW-846, "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods, 2nd Edition, 1982" as revised.

Copies of SW-846 are available from the Supdt. of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (202)275-3054.

Date and Time of Sampling: _____

Sampling Location and Method (Describe): _____

Sampling Device Used (Circle): Coliwasa Trier Scoop Auger Weighted Bottle
Thief Dipper Shovel

After the sample is collected, label the sample container with the following information (NOTE: Make sure the waste name on the sample label is identical to the waste name on the preceding page.):

Generator Name

Waste Name

Sample Date and Method

Name of Sampler

CERTIFICATION:

I certify and warrant that this is a representative sample of the waste to be managed and that this sample was collected in accordance with U.S. EPA SW-846.

Sampler Name _____ Title _____

Sampler Signature _____ Date _____

Company _____ Phone _____